



CANNON BUILDING  
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STATE OF DELAWARE  
**DEPARTMENT OF STATE**

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DIVISION OF PROFESSIONAL REGULATION

BOARD OF EXAMINERS OF SPEECH/LANGUAGE PATHOLOGISTS, AUDIOLOGISTS & HEARING AID DISPENSERS

**HEARING AID DISPENSER TRAINING**

**Supervisory Report**

This report is to be used by supervisors to conduct bimonthly, formal evaluations of their Hearing Aid Dispenser trainee's performance and progress toward completion of all required subjects during the mandatory six-month training period.

This report must not be signed or submitted prior to the end of the training period.

**Hearing Aid Dispenser Trainee Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Hearing Aid Dispenser Supervisor Information**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Hearing Aid Dispenser Setting Information**

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Expected Supervisory Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## ::Months 1 and 2::

1. Otoscopic examination (e.g. importance of landmarks, visualization of tympanic membrane, cerumen, exotoses, etc.)
2. Hearing screenings, loudness discomfort measurements, speech thresholds and discrimination, air and bone conduction pure tone assessment and date recording
3. Routine instrument sterilization and universal precautions
4. Case history
5. 8 Warning Signs Indicating the Need for Medical Attention
  - Visible congenital or traumatic deformity of the ear
  - History of active drainage from the ear within the previous 90 days
  - History of sudden or rapidly progressive hearing loss within the previous 90 days
  - Acute or chronic dizziness
  - Unilateral hearing loss of sudden or recent onset within the previous 90 days
  - Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (hz), 1,000 hz, and 2,000 hz
  - Visible evidence of significant cerumen accumulation for a foreign body in the ear canal.
  - Pain or discomfort in the ear

### **Evaluation | Months 1 and 2**

(5 = excellent 4 = very good 3 = good 2 = satisfactory 1 = poor)

Please circle one:

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| 1. | 5 | 4 | 3 | 2 | 1 |
| 2. | 5 | 4 | 3 | 2 | 1 |
| 3. | 5 | 4 | 3 | 2 | 1 |
| 4. | 5 | 4 | 3 | 2 | 1 |
| 5. | 5 | 4 | 3 | 2 | 1 |

**::Months 3 and 4::**

1. Basic hearing aid maintenance (e.g. replacing battery doors, cleaning mics and receivers, adjusting battery contacts, etc.)
2. Ear mold impressions techniques (e.g. visual inspection, otoblock use, syringing technique, etc.)
3. Counseling techniques (e.g. explaining results to clients, making appropriate recommendations, medical referral indicators, etc.)
4. Demonstrate understanding of hearing aid manufactures specifications
5. Electroacoustic analysis of hearing aids

**Evaluation | Months 3 and 4**

(5 = excellent 4 = very good 3 = good 2 = satisfactory 1 = poor)

Please circle one:

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| 1. | 5 | 4 | 3 | 2 | 1 |
| 2. | 5 | 4 | 3 | 2 | 1 |
| 3. | 5 | 4 | 3 | 2 | 1 |
| 4. | 5 | 4 | 3 | 2 | 1 |
| 5. | 5 | 4 | 3 | 2 | 1 |

**::Months 5 and 6::**

1. Biologic and electroacoustic assessment of the audiometer
2. Real ear measurement (if employer has this capability)
3. Assist in fitting hearing aids

**Evaluation | Months 5 and 6**

(5 = excellent 4 = very good 3 = good 2 = satisfactory 1 = poor)

Please circle one:

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| 1. | 5 | 4 | 3 | 2 | 1 |
| 2. | 5 | 4 | 3 | 2 | 1 |
| 3. | 5 | 4 | 3 | 2 | 1 |

.....  
State of \_\_\_\_\_)

County of \_\_\_\_\_)

**Supervisor's Affidavit**

Being sworn and under oath, I, \_\_\_\_\_, verify that the above-named trainee has completed all training requirements under my supervision, and that I have held an active Delaware Hearing Aid Dispenser's license at all times during the training period.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
Commission Expires

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*(If you have additional comments, please provide documentation and attach it to this form.)*